

Lessons From the Practice

Comadre Padre

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The telephone call came at 2 AM. Having just entered general practice, I was answering every call. "This is Pauline," she said, as though I should attach special importance to that. "I have a child with croup who must have help." The address was a small *barrio* nestled in the curve of a railroad track. When I arrived Pauline was waiting with a flashlight to guide me into a shack where a toddler did, indeed, have inspiratory stridor. Pauline had already prepared a crude steam tent with bedsheets, clothespins, and hot water. Because of my poor Spanish, she acted as interpreter for the parents while I completed the history, examination, and treatment.

I came to learn that she was considered *comadre* by the small community and was most often the first one called in cases of sickness or disaster. Although not formally trained, she had a good knowledge of simple nursing procedures and had an uncanny ability to obtain help for her little realm whether or not there was money to pay for it. Over the ensuing years she called me periodically for an amazing variety of problems—wounds, precipitous home births, abused women, spontaneous and induced abortions, and overdoses.

After one such nocturnal problem had been attended to, she took me aside and requested medication for herself because she could not sleep. It became quickly obvious that her insomnia was actually orthopnea. She had classic Corrigan carotid pulsations, and her nail beds showed capillary pulsation. Yes, she had had *reumatismo* as a child. Yes, her feet were swollen, even in the morning. I gave her a dose of digitalis and a mercurial diuretic injection and instructed her about diet and fluid intake.

As the years passed her condition fluctuated. The new

thiazide diuretics gave her a prolonged improvement. Ultimately, she was referred for valvular repair, but this gave only transient relief. Then a telephone call came. "Pauline wants you to come see her," the voice said. I explained that I had been retired for five years and could not help her. "She doesn't need medical help," the voice said. "She is dying and has had last rites. She knows she is beyond help but wants to see you."

When I entered her home, the shades were drawn, the candles were lit, and a dozen relatives stood solemnly around the room. An emaciated Pauline sat in the center of the room. Her respirations were noisy, and she was struggling for each breath. As she saw me her eyes seemed to clear, and I knelt to give her a hug. She turned to the relatives and said, "This is an old-time doctor. He doesn't need x-rays to know what's wrong with you. He can look at your neck and fingernails and know all about you." A scant few sentences later she began to tire. "I must go now, Pauline. I am tiring you," I said. As I stood her eyes clouded again. She took my hand and said, "Thank you for coming to see me, Father."

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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